



# Prescription Drug List

2010 State Health Benefit Plan Three-Tier Prescription  
Drug List Reference Guide for Choice HMO



# 2010 State Health Benefit Plan Three-Tier Prescription Drug List Reference Guide for Choice HMO

Your UnitedHealthcare pharmacy benefit offers flexibility and choice in finding the right medication for you.

This guide will:

1. Help you understand your medication benefit choices and make informed decisions.
2. Help you understand which questions to ask your doctor or pharmacist.

## What is a Prescription Drug List (PDL)?

A PDL is a list that categorizes into tiers medications, products or devices that have been approved by the U.S. Food and Drug Administration.

Your UnitedHealthcare pharmacy benefit provides coverage for a comprehensive selection of prescription medications. Below you will find some commonly prescribed medications for certain conditions. You and your doctor can refer to this list to select the right medication to meet your needs.

The benefit plan documents provided by your health plan include a Summary Plan Description (SPD). Please refer to this document for more details about your individual plan.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting [myuhc.com](http://myuhc.com) or by calling the toll-free Customer Care phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may visit [www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp) for additional information during your open enrollment period or you may contact your health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

This document list is effective Jan. 1, 2010 through Dec. 31, 2010. This list is subject to change.

## Understanding Tiers

Prescription medications are categorized within three tiers. Each tier is assigned a copayment, the amount you pay when you fill a prescription, which is determined by your health plan. Consult your benefit plan documents to find out the specific copayments, coinsurance and deductibles that are part of your plan. **You and your doctor should decide which medication is appropriate for you.**

### Tier 1 – Your Lowest-Cost Option

Tier 1 medications are your lowest copayment option. For the lowest out-of-pocket expense, always consider Tier 1 medications if you and your doctor decide they are right for your treatment.

### Tier 2 – Your Midrange-Cost Option

Tier 2 medications are your middle copayment option.

### Tier 3 – Your Highest-Cost Option

Tier 3 medications are your highest copayment option. If you are currently taking a medication in Tier 3, ask your doctor whether there are lower-cost Tier 1 or Tier 2 medications that may be right for your treatment.

**Note: Compounded medications** are medications with one or more ingredients that are prepared “on-site” by a pharmacist. These are classified at the Tier 3 level.

**Please note:** Refer to your enrollment materials, check the Drug Pricing/Coverage information on [www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp) or log on [myuhc.com](http://myuhc.com)<sup>®</sup>, or call the toll-free Customer Care phone number on the back of your ID card for more information about your benefit plan or to inquire about additional medications that are not listed on the PDL.

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## Who makes tier placement decisions and what factors are considered?

Several factors are considered when deciding the placement of a medication on the UHC Prescription Drug List including the medication's classification. Several committees contribute and evaluate the overall health care value of the medication to ensure an unbiased approach. Committee members are various health care professionals including physicians and pharmacists with a broad range of specialties.

The two main committees are:

Our National Pharmacy and Therapeutics (P&T) Committee evaluates clinical evidence in order to determine a medication's role in therapy and its overall clinical value. In addition, the P&T Committee reviews the relative safety and efficacy of the medication.

The UnitedHealthcare PDL Management Committee evaluates the clinical recommendations of the P&T committee as well as pharmacoeconomic and economic information. Our PDL Management Committee uses the input from the National P&T Committee and our various other committees to make a tier placement decision based on the overall health care value of a particular medication, balancing the need for flexibility and choice for you and an affordable pharmacy benefit for health plans.

The PDL Management Committee helps to ensure access to a wide range of affordable medications for you.

## How often will prescription medications change tiers?

Most tier changes will occur on January 1 and July 1. Additionally, when a brand-name medication becomes available as a generic, the tier status of the brand-name medication and its corresponding generic will be evaluated. When a medication changes tiers, you may be required to pay more or less for that medication. These changes may occur without prior notice to you. **For the most current information on your pharmacy coverage, please call the toll-free Customer Care phone number on the back of your ID card or visit [www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp) or log on [myuhc.com](http://myuhc.com).**

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## What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients as brand-name medications, but they often cost less. Generic medications become available after the patent on the brand-name medication expires. At that time, other companies are permitted to manufacture an FDA-approved, chemically equivalent medication. Many companies that make brand-name medications also produce and market generic medications.

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower tier alternative is available and if it might be appropriate for you. While there are exceptions, generic medications are usually your lowest-cost option. Please note that some generic medications may be in Tier 2 or Tier 3 and will not have the lowest copayment available under your pharmacy benefit plan. Call the toll-free Customer Care phone number on the back of your ID card or visit **[www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp)** or log on **[myuhc.com](http://myuhc.com)** to determine the copayment for your generic medication.

## Why is the medication that I am currently taking no longer covered?

Medications may be excluded from coverage under your pharmacy benefit. For example, a prescription medication may be excluded from coverage when it is therapeutically equivalent to an over-the-counter medication. There may be alternatives on the PDL or over-the-counter medications that are appropriate for your treatment. Talk to your doctor about the most appropriate medication for you.

## When should I consider discussing over-the-counter or non-prescription medications with my doctor?

An over-the-counter medication can be an appropriate treatment for some conditions. Consult your doctor about over-the-counter alternatives to treat your condition. These medications are **not covered** under your pharmacy benefit, but they may cost less than your out-of-pocket expense for prescription medications.

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## Why are there notations next to certain medications in the PDL, and what do they mean?

The specific definitions for these notations (**SL**, **N**, etc.) are listed at the bottom of each page of the PDL and refer to our pharmacy programs. These programs as well as our drug utilization review processes can help confirm coverage based on your benefit plan.

Please call the toll-free Customer Care phone number on the back of your ID card if you need additional information about these notations.

## What should I do if I use a self-administered injectable medication?

You may have coverage for self-administered injectable medications through your pharmacy benefit plan. UnitedHealthcare has developed a specialty pharmacy network for these medications. Please call our toll-free Specialty Pharmacy Referral Line at 1-866-429-8177. A representative will answer questions about our program and then transfer you to a specialty pharmacy based on your particular specialty medication prescription.

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## How do I access updated information about my pharmacy benefit?

Since the PDL may change periodically, we encourage you to call the toll-free Customer Care phone number on the back of your ID card or log on **myuhc.com** or visit **www.welcometouhc.com/shbp** for more current information.

Log on to **myuhc.com** for the following pharmacy resources and tools:

- Pharmacy benefit and coverage information
- Specific copayment amounts for prescription medications
- Possible lower-cost medication alternatives
- A list of medications based on a specific medical condition
- Medication interactions and side effects
- Locate a participating retail pharmacy by zip code
- Review your prescription history

## What if I still have questions?

Please call the toll-free Customer Care phone number on the back of your ID card. Representatives are available to assist you 24 hours a day (except Thanksgiving and Christmas).

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# Tier 1

Acetaminophen with Codeine <b>SL</b>	Cromolyn
Acetaminophen with Hydrocodone <b>SL</b>	Cryselle
Acyclovir Tablet, Capsule, Suspension	Cyclobenzaprine
Alendronate <b>SL</b>	Desmopressin
Allopurinol	Diazepam
Alprazolam	Diclofenac
Alprazolam Extended-Release	Dicyclomine
Amitriptyline	Digoxin
Amlodipine Besylate	Diltiazem Controlled-Release Capsule
Amoxicillin	Diltiazem Sustained-Release 12 Hour Capsule
Amoxicillin with Potassium Clavulanate	Diltiazem Tablet
Amphetamine with Dextroamphetamine Salt Combination <b>SL</b>	Divalproex Sodium Tablet, Enteric-Coated
Amoxicillin	Dorzolamide Eye Drops
Apri	Doxazosin
Asmanex <b>SL</b>	Doxepin
Atenolol	Doxycycline
Atenolol with Chlorthalidone	Enalapril
Azithromycin	Enalapril with Hydrochlorothiazide
Bisoprolol with Hydrochlorothiazide	Erythromycin
Bupropion <b>N</b>	Estradiol Patch <b>SL</b>
Bupropion Sustained-Action <b>N</b>	Estropipate
Buspirone	Etidronate Disodium
Butalbital with Acetaminophen & Caffeine <b>SL</b>	Etodolac
Calcium Acetate 667 mg	Famciclovir
Captopril	Felodipine
Carbamazepine	Fenofibrate Micronized 54, 67, 134, 160, 200 mg
Carisoprodol	Fentanyl Transdermal System <b>SL</b>
Carvedilol	Finasteride <b>N</b>
Cefaclor	Fluconazole
Cefadroxil	Flunisolide Nasal Spray <b>SL</b>
Cefprozil	Fluocinonide
Cefuroxime Tablet	Fluoxetine Capsule
Cephalexin	Flurazepam
Cesia	Fluticasone Nasal Spray <b>SL</b>
Chlorhexidine	Folic Acid
Cilostazol	Foradil <b>SL</b>
Ciprofloxacin	Fosinopril
Citalopram	Fosinopril with Hydrochlorothiazide
Clarithromycin Tablet	Furosemide
Clindamycin Capsule	Gabapentin Capsule, Tablet
Clindamycin Gel, Solution, Lotion, Swabs	Gemfibrozil
Clindamycin Vaginal Cream	Gentamicin
Clobetasol	Glimepiride
Clonazepam	Glipizide
Clonidine	Glipizide Extended-Release
Clotrimazole with Betamethasone	Glyburide
Colestipol	Glyburide with Metformin

Some medications are noted with N or SL. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

**N = Notification.** There are a few medications that your doctor must notify us of to make sure their use is covered within your benefit.

**SL = Supply Limit.**

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**Tier 1** *continued*

Glycopyrrolate  
 Hydrochlorothiazide  
 Hydroxychloroquine  
 Hydroxyzine  
 Ibuprofen - Prescription strengths only  
 Ibuprofen with Hydrocodone  
 Imipramine  
 Indapamide  
 Indomethacin  
 Isosorbide  
 Isradipine  
 Itraconazole **SL**  
 Ketoconazole  
 Lamotrigine  
 Leflunomide  
 Leuprolide  
 Levetiracetam  
 Levothyroxine  
 Levoxyl  
 Lisinopril  
 Lisinopril with Hydrochlorothiazide  
 Lithium Carbonate  
 Lorazepam  
 Lovastatin  
 Low-Ogestrel  
 Medroxyprogesterone 150mg/ml  
 Medroxyprogesterone Tablet  
 Meloxicam  
 Metformin  
 Metformin Extended-Release  
 Methocarbamol  
 Methotrexate  
 Methylphenidate **SL**  
 Methylphenidate Extended-Release **SL**  
 Methylprednisolone  
 Metoclopramide  
 Metoprolol  
 Metoprolol Succinate Sustained-Release  
 25 mg  
 Metronidazole  
 Metronidazole Cream  
 Minocycline  
 Mirtazapine  
 Mirtazapine Dispersible Tablet  
 Mycophenolate  
 Nadolol  
 Nabumetone  
 Naproxen - Prescription strengths only  
 Nateglinide

Neomycin/Polymyxin/Hydrocortisone  
 Nifedipine  
 Nifedipine Controlled-Release Tablet  
 Nifedipine Extended-Release  
 Nortriptyline  
 Novolin Vials  
 Novolog Vials  
 Nystatin  
 Nystatin with Triamcinolone  
 Ofloxacin Eye Drops  
 Ofloxacin Otic Drops  
 Omeprazole  
 Ondansetron **SL**  
 Orapred Oral Solution  
 Ortho Cyclen  
 Ortho Micronor  
 Ortho Novum 7/7/7  
 Ortho Tri-Cyclen  
 Oxybutynin  
 Oxybutynin Sustained-Release  
 Oxycodone with Acetaminophen **SL**  
 Oxycodone with Ibuprofen **SL**  
 Paroxetine  
 Penicillin V Potassium  
 Phenytoin  
 Piroxicam  
 Polymyxin B with Trimethoprim  
 Potassium Chloride  
 Potassium Citrate  
 Pravastatin  
 Prazosin  
 Prednisone  
 Primidone  
 Promethazine  
 Promethazine with Codeine  
 Propoxyphene with Acetaminophen **SL**  
 Propranolol Tablet  
 Protriptyline  
 Pulmicort Flexhaler **SL**  
 Pulmicort Turbuhaler **SL**  
 Quinapril  
 QVAR **SL**  
 Ramipril  
 Ranitidine Syrup  
 Reclipsen  
 Risperidone  
 Ropinirole  
 Sertraline  
 Simvastatin

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## Tier 1 *continued*

Solia  
 Spironolactone  
 Sulfamethoxazole with Trimethoprim  
 Sulindac  
 Sumatriptan Succinate Injection **SL**  
 Sumatriptan Succinate Tablet **SL**  
 Tamoxifen  
 Temazepam  
 Terazosin  
 Terbinafine Tablet **SL**  
 Terconazole Suppository  
 Tetracycline  
 Theophylline  
 Topiramate  
 Tramadol  
 Tramadol with Acetaminophen  
 Trandolapril  
 Trazodone  
 Triamcinolone  
 Triamterene with Hydrochlorothiazide  
 Triazolam  
 Trimipramine Maleate  
 Ursidiol  
 Velivet  
 Venlafaxine  
 Ventolin HFA **SL**  
 Verapamil  
 Warfarin  
 Zaleplon **SL**  
 Zolpidem **SL**  
 Zonisamide

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## Tier 2

Acarbose	Diltiazem Sustained-Release
Aceon	24 Hour Capsule
Aciphex	Divalproex Sodium Capsule, Sprinkle
Activella 0.5 mg/1 mg	Divalproex Sodium Tablet,
Actonel <b>SL</b>	Sustained-Release
Actonel with Calcium <b>SL</b>	Divigel
Actoplus Met	Dorzolamide/Timolol Eye Drops
Actos	Duetact
Adderall XR <b>SL</b>	Effexor XR
Advicor	Emend <b>SL</b>
Alphagan P	Enablex
Altoprev	Enbrel <b>N, SL</b>
Androgel <b>SL</b>	Enjuvia
Antara	Eplerenone
Apriso	Esclim
Astelin <b>SL</b>	Estraderm
Atrovent Inhaler <b>SL</b>	Estradiol/Norethindrone Acetate
Avandamet	1 mg/0.5 mg
Avandaryl	Estratest
Avandia	Estratest H.S.
Axid Oral Solution	Estring
Azor	Evamist
Balsalazide Disodium	Evista
Benicar	Fenoglide
Benicar HCT	Fentanyl Citrate Lollipop <b>SL</b>
Betimol	Fluoxetine Tablet
Boniva <b>SL</b>	Fortical
Bupropion Sustained-Release 24 Hour <b>N</b>	Frova <b>SL</b>
Butorphanol Nasal Spray <b>SL</b>	Geodon
Byetta	Glipizide with Metformin
Bystolic	Granisetron Tablet <b>SL</b>
Cabergoline	Humira <b>N, SL</b>
Carbamazepine Tablet, Sustained-Release	Hyzaar
12 Hour	Isotretinoin
Cardizem LA	Janumet
Cefdinir	Januvia
Cenestin	Lanoxin
Cimzia <b>N, SL</b>	Lantus Vials
Clarithromycin Suspension	Levaquin
Clarithromycin XL	Levemir Vials
Climara	Lialda
Clindesse	Lidoderm <b>SL</b>
Coumadin	Lipitor
Cozaar	Lipofen
Crestor	Lumigan
Diclofenac Sodium Drops	Maxalt <b>SL</b>
Dilantin	Maxalt MLT <b>SL</b>
Diltiazem Sustained-Action Capsule	Mesalamine Enema

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## Tier 2 *continued*

Metoprolol Succinate Sustained-Release 50, 100, 200 mg	Vivelle
Metronidazole Vaginal Gel	Vivelle Dot
Micardis	Voltaren Gel
Micardis HCT	Vytorin
Moexipril	Vyvanse <b>SL</b>
Nasonex <b>SL</b>	Yasmin
Niaspan	Yaz
Nisoldipine 20, 30, 40 mg	Zantac Syrup
Orphenadrine	Zegerid
Orphenadrine Compound	Zyprexa (Zydis = Tier 3)
Oxandrolone	
Oxcarbazepine	
Oxycontin <b>SL</b>	
Oxytrol	
Plavix	
Prefest	
Prometrium	
Protonix	
Protopic <b>N</b>	
Pulmicort Respules <b>SL</b>	
Quinapril with Hydrochlorothiazide	
Ranexa	
Rebif <b>SL</b>	
Relpax <b>SL</b>	
Sanctura XR	
Seroquel	
Simcor	
Simponi <b>N, SL</b>	
Singulair	
Spiriva <b>SL</b>	
Sular 8.5, 10, 17, 25.5, 34 mg	
Sumatriptan Succinate Nasal Spray <b>SL</b>	
Symbicort <b>SL</b>	
Symbyax	
Synthroid	
Tegretol	
Tilade	
Tobramycin/Dexamethasone Eye Drops	
Tolmetin	
Travatan	
Travatan Z	
Tricor 48, 145 mg	
Triglide	
Twinject <b>SL</b>	
Vagifem	
Valtrex	
Vesicare	

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# Tier 3

Abilify	Colazal
Accolate	Combipatch
Accuretic	Combivent <b>SL</b>
Actiq <b>N, SL</b>	Concerta <b>SL</b>
Activella 1 mg/0.5 mg	Coreg CR
Adoxa	Cosopt
Advair Diskus <b>SL</b>	Cyclessa
Advair HFA <b>SL</b>	Cymbalta
Albuterol Sulfate/Ipratropium Solution, Non-Oral	Daytrana <b>SL</b>
Alesse	Depakote ER
Allegra	Depakote Sprinkle
Allegra ODT	Desogen
Allegra Suspension	Detrol LA
Allegra-D	Differin <b>N, SL</b>
Ambien CR <b>N, SL</b>	Diovan
Amerge <b>SL</b>	Diovan HCT
Amlodipine and Benazepril	Ditropan XL
Amphetamine with Dextroamphetamine Salt Combination Capsule, Sustained-Release 24 Hour <b>SL</b>	Doryx
Anzemet <b>SL</b>	Duac, Duac-CS
Armour Thyroid	Duragesic <b>SL</b>
Asacol	DuoNeb
Atacand	Elidel <b>N</b>
Augmentin XR	Epipen <b>SL</b>
Avapro	Epipen Jr. <b>SL</b>
Avelox	Errin
Axert <b>SL</b>	Estrostep FE
Azmacort <b>SL</b>	Ethinyl Estradiol/Drospirenone 0.3 mg/3 mg
Beconase AQ <b>SL</b>	Exforge
Betaseron <b>N, SL</b>	Factive
Betopic S	Famvir
Biaxin Suspension	FemHRT
Biaxin XL	Fentora <b>N, SL</b>
Caduet	Fexofenadine
Camilla	Flomax
Catapres-TTS	Flovent HFA <b>SL</b>
Cefuroxime Suspension	Focalin <b>SL</b>
Cefzil	Focalin XR <b>SL</b>
Celebrex	Fosamax Plus D <b>SL</b>
Cesamet <b>SL</b>	Glumetza
Cialis <b>SL</b>	Humalog
Ciclopirox Solution, Topical	Humulin
Cipro XR	Imitrex Nasal Spray <b>SL</b>
Ciprofloxacin Tablet, Sustained-Release, 24 Hour	Imitrex Tablet <b>SL</b>
Clarinox	Inderal LA
Clarinox-D	Invega
Climara Pro	Jolivet
	Keppra XR
	Kytril Tablet <b>SL</b>
	Lantus SoloStar

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**Tier 3** *continued*

Lescol	Previfem
Levemir Pen	Prilosec Rx 10, 20 mg
Levitra <b>SL</b>	Prilosec Rx 40 mg
Levonorgestrel-Ethinyl Estradiol Tablet, Dosepack, 3 Month <b>SL</b>	Pristiq
Levothyroid	ProAir HFA <b>SL</b>
Lexapro	Propranolol Sustained-Action Capsule
Lo/Ovral	Proscar <b>N</b>
Loestrin	Proventil HFA <b>SL</b>
Loestrin FE	Relafen
Lotensin	Relion
Lotrel	Requip XL
Lovaza	Restoril 7.5, 22.5 mg
Lunesta <b>N, SL</b>	Rhinocort AQ <b>SL</b>
Lybrel	Risperdal M-Tab
Lyrica	Ritalin LA <b>SL</b>
Mavik	Rozerem <b>N, SL</b>
Mefenamic Acid	Sanctura
Metadate CD <b>SL</b>	Sancuso <b>SL</b>
Metaglip	Seasonale
Mircette	Seasonique
Modicon	Serevent Diskus <b>SL</b>
Mononessa	Seroquel XR
Nascobal	Skelaxin
Nasacort AQ	Solodyn
Necon	Soma 250 mg
Nexium Capsule	Sonata <b>N, SL</b>
Nexium Suspension	Sprintec
Nora-BE	Stavzor
Nordette	Strattera <b>SL</b>
Nortrel	Sular 20, 30, 40 mg
Omnicef	Symlin <b>SL</b>
Orapred ODT	Tegretol XR
Ortho Evra <b>SL</b>	Tektuna
Ortho Tri-Cyclen Lo	Tequin
Ortho-Cept	Terazol
Oscion	Terconazole Cream
Pantoprazole	Testim <b>SL</b>
Paroxetine HCl Sustained-Release 24 Hour	Teveten
Paxil CR	Tobradex Eye Ointment
Pexeva	Toprol XL 50, 100, 200 mg
Ponstel	Treximet <b>SL</b>
Precose	Triaz
Premarin	Trileptal
Premphase	Trilipex
Prempro	Triphasil
Prevacid Capsule	Univasc
Prevacid Solutab	Uroxatral
	Vantin
	Venlafaxine Extended-Release

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**SL = Supply Limit.**

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## Tier 3 *continued*

Veramyst **SL**  
Verapamil Capsule, 24 Hour  
Sustained-Release Pellets  
Verelan PM  
Viagra **SL**  
Voltaren Eye Drops  
Wellbutrin XL  
Xalatan  
Xopenex HFA **SL**  
Xopenex Solution **SL**  
Xyzal  
Zetia  
Zmax  
Zomig **SL**  
Zomig Nasal Spray **SL**  
Zomig ZMT **SL**  
Zyflo  
Zyflo CR  
Zylet

### NOTE:

- **Compounded prescriptions are Tier Three**
- **Insulin pens & cartridges are Tier Three except for Novolin and Novolog pens and cartridges which are Tier Two.**

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# Additional Tier Three drugs with a generic equivalent in Tier One

Accupril (Quinapril)	Floxin Otic (Ofloxacin Otic Drops)
Adderall <b>SL</b> (Amphetamine with Dextroamphetamine Salt Combination <b>SL</b> )	Fosamax <b>SL</b> (Alendronate <b>SL</b> )
Aldactone (Spironolactone)	Glucophage, XR (Metformin)
Altace (Ramipril)	Glucotrol, XL (Glipizide)
Amaryl (Glimepiride)	Glucovance (Glyburide with Metformin)
Ambien <b>SL, N</b> (Zolpidem <b>SL</b> )	Hytrin (Terazosin)
Anaprox (Naproxen)	Imitrex Injection <b>SL</b> (Sumatriptan Succinate Injection <b>SL</b> )
Ativan (Lorazepam)	Imitrex Tablet <b>SL</b> (Sumatriptan Succinate Tablet <b>SL</b> )
Augmentin ES (Amoxicillin with Potassium Clavulanate)	Inderal (Propranolol)
Biaxin Tablet (Clarithromycin Tablet)	Keflex (Cephalexin)
Buspar (Buspirone)	Keppra (Levetiracetam)
Calan, Calan SR (Verapamil)	Klonopin (Clonazepam)
Capoten (Captopril)	Lamictal (Lamotrigine)
Cardizem CD except for 360 mg strength (Diltiazem Sustained-Release 24 Hour Capsule)	Lamisil Tablet <b>SL</b> (Terbinafine Tablet <b>SL</b> )
Cardura (Doxazosin)	Lasix (Furosemide)
Ceftin (Cefuroxime)	Lofibra (Fenofibrate Micronized)
Celexa (Citalopram)	Lopid (Gemfibrozil)
Cellcept (Mycophenolate)	Lopressor (Metoprolol)
Ciloxan Eye Drops (Ciprofloxacin)	Medrol Dosepak (Methylprednisolone)
Cipro (Ciprofloxacin)	Mevacor (Lovastatin)
Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs)	Mobic (Meloxicam)
Colestid (Colestipol)	Monopril (Fosinopril)
Coreg (Carvedilol)	Monopril HCT (Fosinopril with Hydrochlorothiazide)
Darvocet-N <b>SL</b> (Propoxyphene with Acetaminophen <b>SL</b> )	Motrin (Ibuprofen) - Prescription strengths only
DDAVP (Desmopressin)	Naprosyn (Naproxen) - Prescription strengths only
Depakote (Divalproex Sodium Tablet, Enteric-Coated)	Nasarel, Nasalide <b>SL</b> (Flunisolide Nasal Spray <b>SL</b> )
Depo-Provera <b>SL</b> (Medroxyprogesterone Acetate 150 mg/ml <b>SL</b> )	Neurontin Capsule, Tablet (Gabapentin)
DiaBeta, Micronase, Glynase (Glyburide)	Norvasc (Amlodipine Besylate)
Didronel (Etidronate Disodium)	Ocuflox Eye Drops (Ofloxacin)
Diflucan (Fluconazole)	Paxil (Paroxetine)
Duricef (Cefadroxil)	Percocet 5-325, 7.5-500, 10-650 <b>SL</b> (Oxycodone with Acetaminophen <b>SL</b> )
Dyazide (Triamterene with Hydrochlorothiazide)	Plendil (Felodipine)
Dynacirc (Isradipine)	Pletal (Cilostazol)
Effexor (Venlafaxine)	Pravachol (Pravastatin)
Eskalith CR (Lithium Carbonate Controlled-Release)	Prinivil, Zestril (Lisinopril)
Fioricet (Butalbital with Acetaminophen and Caffeine)	Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)
Flonase <b>SL</b> (Fluticasone Nasal Spray <b>SL</b> )	Procardia XL (Nifedipine Extended-Release)
	Provera (Medroxyprogesterone)
	Prozac (Fluoxetine Capsule)
	Remeron (Mirtazapine)

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## Additional Tier Three drugs with a generic equivalent in Tier One

Remeron SolTab (Mirtazapine Dispersible Tablet)  
 Requip (Ropinirole)  
 Restoril 15, 30 mg (Temazepam)  
 Risperdal (Risperidone)  
 Ritalin (Methylphenidate)  
 Ritalin SR (Methylphenidate Extended-Release)  
 Starlix (Nateglinide)  
 Surmontil (Trimipramine Maleate)  
 Tenormin (Atenolol)  
 Tenoretic (Atenolol with Chlorthalidone)  
 Tiazac (Diltiazem)  
 Topamax (Topiramate)  
 Toprol XL 25 mg (Metoprolol Succinate Sustained-Release)  
 Trusopt (Dorzolamide Eye Drops)  
 Tylenol #3 **SL** (Acetaminophen with Codeine **SL**)  
 Ultracet (Tramadol with Acetaminophen)  
 Ultram (Tramadol)  
 Urso, Ursoforte (Ursidiol)  
 Valium (Diazepam)  
 Vaseretic (Enalapril with Hydrochlorothiazide)  
 Vasotec (Enalapril)  
 Vicodin **SL**, Vicodin ES **SL**  
 (Acetaminophen with Hydrocodone **SL**)  
 Vicoprofen (Ibuprofen with Hydrocodone)  
 Voltaren Tablet (Diclofenac)  
 Wellbutrin **N** (Bupropion **N**)  
 Wellbutrin SR **N** (Bupropion Sustained-Action **N**)  
 Xanax, Xanax XR (Alprazolam)  
 Xopenex 1.25 mg/ml **SL** (Levalbuterol 1.25 mg/ml **SL**)  
 Zantac Syrup (Ranitidine Syrup)  
 Ziac (Bisoprolol with Hydrochlorothiazide)  
 Zithromax (Azithromycin)  
 Zocor (Simvastatin)  
 Zofran **SL** (Ondansetron **SL**)  
 Zoloft (Sertraline)  
 Zonegran (Zonisamide)  
 Zovirax Capsule, Tablet, Suspension (Acyclovir)

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